

Source: Dept. of Health Services, January 5, 2010

2010 Managed LTC Contract Overview: Performance Expectations and Rates

- Several managed LTC contracts for 2010 include rigorous performance expectations, to accompany funding adjustments that will assist MCOs to achieve the level of managed care efficiency originally achieved by the pilot MCOs over a period of time.
- These expectations will be closely monitored by Department staff throughout 2010 to assure that the program continues to be implemented as designed.
- Specific performance expectations were developed for each MCO that received a funding adjustment, based on Department staff review of the MCO's 3-year Business Plan.
- The general program domains into which these expectations fall include the following:
 - *Provider management*: demonstration of enhanced internal working relationships between provider network development staff and care management teams (e.g., in the areas of quality management and network gaps) and demonstration of specific, measurable provider standards.
 - *Care management competencies*: demonstration of well-resourced training programs that continually reinforce the core care management practices that represent the Family Care program design, for both current and new staff, including processes for evaluating these training programs.
 - *Care plan review processes*: demonstration that all care plans will be developed, and reviewed, using the Family Care program model of outcome identification and comprehensive use of the Resource Allocation Decision method for the provision of services.
 - *Education and outreach*: demonstration of efforts to educate members and guardians about the transition from the traditional home and community-based waiver system to the Family Care program model, and establishment of positive purchasing relationships with providers.
 - *Financial milestones*: demonstration of more specific financial benchmarks and the development of analytical methods for measuring progress toward those benchmarks.

FAMILY CARE

MCO: Service Region	2009 Rate (effective September 30, 2009)	2010 Rate	% Change
Lakeland Care District: Fond du Lac County (formerly Creative Care Options of FDL County)	\$ 2,494	\$ 2,627	5.3%
Western Wisconsin Cares	\$ 2,669	\$ 2,783	4.3%
Milwaukee County MCO	\$ 2,498	\$ 2,689	7.7%
Community Care of Central Wisconsin	\$ 2,974	\$ 3,041	2.2%
Southwest Family Care Alliance	\$ 2,781	\$ 2,885	3.8%
Community Care, Inc.: Kenosha / Racine	\$ 3,145	\$ 3,225	2.6%
Community Care, Inc.: Ozaukee, Washington, Sheboygan, Waukesha, and Walworth Counties	\$ 3,165	\$ 3,114	-1.6%
Community Care, Inc.: Milwaukee County	-	\$ 3,542	-
Community Care, Inc.: Calumet, Outagamie, and Waupaca Counties	-	\$ 3,481	-
Care Wisconsin	\$ 3,043	\$ 3,305	8.6%
Community Health Partnership LTS, Inc.	\$ 3,351	\$ 3,391	1.2%
Northern Bridges	\$ 3,145	\$ 3,088	-1.8%

FAMILY CARE PARTNERSHIP & PACE

MCO: Service Region	2009 Rate (effective September 30, 2009)	2010 Rate	% Change
Community Care: PACE	\$ 2,949	\$ 2,958	0.3%
Community Care: Milwaukee	\$ 3,000	\$ 3,089	3.0%
Community Care: Racine, Kenosha, Ozaukee, Waukesha, Washington	\$ 3,159	\$ 3,234	2.3%
Community Care: Calumet, Outagamie, Waupaca	-	\$ 3,378	-
Care Wisconsin	\$ 3,203	\$ 3,203	0.0%
Community Health Partnership	\$ 3,458	\$ 3,638	5.2%
iCare	-	\$ 3,151	-

NOTES:

1. Rates are not always directly comparable across years, because either service regions have expanded or the populations covered by the MCO have changed.
2. Risk sharing funding is not included in these comparisons of annual capitation rates.
3. Phase-in adjustment payments are built into 2010 capitation rates to account for differences between waiver program costs and expected costs in managed care.